

Dependents' Information (Attach to Form 502, 505 or 515.)



Vour Co	cial Security Number		ial Security Number			
tour So	cial Security Number	Spouse's Soc	ial Security Number			
Your Fin	st Name		MI			
Your Las	st Name					
3pouse'	s First Name	I	II			
Spouse'	s Last Name					
Sumn	nary					
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	al dependent exemption					
Ex	emptions area of Form	n 502, 505 or 51	15.)			
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Depe	ndents (If a depende	nt listed below	is age 65 or over	r, check both 4	and 5.)	
	First Name	MI	Last Name			
▶ 1.		P				Check here if this dependent doe not have health care coverage
	Social Security Number	Relationship		Regular	65 or over	
2.		3		4	5	DOB (MM/DD/YYYY)
	First Name	MI	Last Name			
▶ 1.	i list Name		Last Name			Check here 🕨 🦳 if this dependent doe
	Social Security Number	Relationship		Regular	65 or over	not have health care coverage
▶ 2.	Social Security Number	3.		4	5	
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	First Name	MI	Last Name			
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	Social Security Number	Relationship		Regular	65 or over	not have health care coverage
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	First Name	MI	Last Name			
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	Social Security Number	Relationship		Regular	65 or over	not have health care coverage
> 2				-	5	DOB (MM/DD/YYYY) ►
2.		5		••	5	
	First Name	MI	Last Name			
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F -1	Social Security Number	Relationship		Regular	65 or over	not have health care coverage
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	First Name	MI	Last Name			
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₽ 1.	Cocial Cocurity Number	Polationatio		Decider		not have health care coverage
▶2.	Social Security Number	Relationship		Regular 4	65 or over 5.	
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NAME				SSN			Page 2
▶ 1.	First Name		MI	Last Name			Check here if this dependent does not
▶ 2.	Social Security Number	3.	Relationship		Regular 4	65 or over 5	have health care coverage DOB (MM/DD/YYYY)
▶ 1.	First Name		MI	Last Name			Check here > if this dependent does
▶ 2.	Social Security Number	3.	Relationship		Regular 4	65 or over 5	not have health care coverage DOB (MM/DD/YYYY)
▶ 1.	First Name		MI	Last Name			Check here > if this dependent does
▶ 2.	Social Security Number	3.	Relationship		Regular	65 or over 5	not have health care coverage DOB (MM/DD/YYYY) ▶
▶ 1.	First Name		MI	Last Name			Check here
▶ 2.	Social Security Number	3.	Relationship		Regular	65 or over 5	not have health care coverage DOB (MM/DD/YYYY)
▶ 1.	First Name		MI	Last Name			Check here
▶ 2.	Social Security Number	3.	Relationship		Regular 4	65 or over 5	not have health care coverage
▶ 1.	First Name		MI	Last Name			Check here
▶ 2.	Social Security Number	3.	Relationship		Regular	65 or over	not have health care coverage DOB (MM/DD/YYYY)